

Abstract 380

TITLE: A Telephone Based Brief Intervention to Motivate Safer Sex Practices Among MSM

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ISSUE: HIV prevention providers remain concerned about the population of men who have sex with men (MSM) who have not adopted or maintained safe sex practices and remain ambivalent about always being sexually safe. Efforts to lower barriers to participation in order to encourage ambivalent MSM to participate in an intervention designed to increase motivation and commitment to safer sex practices are needed.

SETTING: Publicity was designed to attract MSM who were ambivalent about always practicing safe sex. Newspaper display ads in the local gay press, street outreach, and staff presentations to local service providers were the primary recruitment strategies utilized. Recruitment efforts emphasized the study as nonjudgmental, strictly confidential (permitting anonymity), and "not treatment," but rather a chance to get some personalized, objective feedback about one's sexual behavior and concerns relative to HIV.

PROJECT: The intervention involves two steps, both conducted over the telephone. First, an initial assessment is completed with a trained assessor, who prepares a written personalized feedback report (PFR) for the participant that reviews the participant's recent sexual activity, potential benefits and losses of practicing safer sex, triggers/high risk situations and confidence in one's ability to avoid unsafe sex. Second, the participant and a counselor review the PFR 1 week later. Counselors use Motivational Interviewing techniques to enhance readiness for change in ambivalent participants. The Theory of Planned Behavior (TPB) was used to guide initial and subsequent follow-up assessments (6 weeks following PFR). Key outcomes include changes in the frequency of unprotected sex behaviors, increased stage/readiness to make behavior changes, and key TPB constructs including intentions to use condoms, attitudes, normative beliefs, and perceived behavior control regarding condom use.

RESULTS: Over 250 initial calls were received between April 1996 and January 1999, and 103 men were enrolled in the study. All followup assessments are scheduled to be completed by April 1999. Enrolled MSM had a mean age of 34 years, 79% were white, and 25% enrolled anonymously. Nearly 60% reported engaging in unprotected anal sex in the prior six weeks and 51% of enrolled participants were staged as precontemplators or contemplators with regard to their readiness for changing sexual behaviors.

LESSONS LEARNED: A brief telephone based intervention can attract MSM who report unsafe sex behaviors with male partners and remain ambivalent about becoming sexually safer. This intervention approach could be an important strategy for engaging MSM at risk for HIV who might otherwise not participate in a treatment oriented program.

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